ENTRY BLANK Entered previous May Show PLEASE TYPE OR PRINT Ms. Mr. Artist DAUID HABERMAN Permanent 3010 E. OUBRLOOK Rd., Clear. H Address 321-5883 Tel. (Area Code **Temporary** Address _ City Street Tel. (Zip Permanent address is in what county? Cuya Ho 6 A Born in Cuyahoga County Yes No. Collaborator ___ If entries are not accepted or not sold: Artist will pick up entries at Museum. Museum should dispose of entries. Museum should ship entries to artist C.O.D. at this address:

The attached card at right will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed.

It is also understood that accepted entries will remain on exhibition until June 9, 1974.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature David Jakshan

ENTRY BLANKS			
1. Paintings 2. Graph 4. Sculpture 5. Electr	nics 3. Photography ic 6. Crafts		
Medium or Materials			
Acrylic on CA	weas		
"TRANGOILE MEMORIES"			
Price or NFS Insurance Value	Size		
550.00 If NFS Only	66"X72"		
GRAPHICS AND PHOTOGRAPHY ONLY			
Additional No. For Sale Total No. in Edition	Price of Frame Banan 4/23/74		
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440.00 If NFS Only	48"x664"		
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1974 MAY SHOW

The Cleveland Museum of Art Cleveland, Ohio 44106

Please keep address within this box for window envelope.

Name	DAUID HABERMAN
Address	3010 E. OVERLOOK Rd
City & State	CLEUELAND HTS. Zip 44/18
	Office

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your object(s). This notification will be mailed to you following judging.

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